

# Launceston Obstetrics & Gynaecology

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## Patient Registration Form

**Welcome to our Practice. It is necessary for us to have the following information which will be handled confidentially. Please contact us prior to your scheduled appointment by post, or fax 03 6333 0944 or email office@launcestonobsgyn.com.au**

Type of Patient     New                       Existing - please update details if changed  
Title                       Mrs                       Ms                       Miss                       Dr

Given name .....

Family name .....

Preferred name .....

Address .....

..... postcode: .....

Date of birth ..... / ..... /.....

Telephone              mobile: ..... home: ..... business: .....

Email address .....

(Important for us to send you information. Print "declined" if you don't agree)

Medicare card number ..... Ref No. .... expiry date: .....

Private health insurance     Yes                       No

Fund name ..... Membership No. ....

Are you fully covered for obstetric and/or gynaecological care in a private hospital?    Obstetrics     Yes     No  
Gynaecology     Yes     No

**Vaccination status**     fully & current                       partly                       unvaccinated

Referring Doctor .....

Usual Doctor .....

Your Occupation .....

Emergency Contact Person .....

Contact's telephone/mobile ..... Contact's relationship to you

.....

### Terms and Conditions

- This Practice does not bulk bill
- Payment in full is required at the time of consultation. Overdue accounts will be charged an accounts fee and long overdue accounts will be referred to a Collection Agency and will have all legal costs and commission added to the amount due.

I declare that I understand the above information and agree to abide by these terms and conditions, including payment of all collection fees that may be charged by a Collection Agency.

**Patient's Signature**.....

**Date** .....